

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002638
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 65

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		c. CITY OR TOWN Perry, Missouri.	
Length of stay in 1b 3 Wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital.		d. STREET ADDRESS (If outside, give location) Perry, Missouri.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle GOODHART. Last GOODHART.			4. DATE OF DEATH Month Feb Day 13 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-25-86	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner.		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine.		11. BIRTHPLACE (City and state or country) Tama, Iowa.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Goodhart.			
13b. MOTHER'S MAIDEN NAME Roxie Littell.		14. NAME OF HUSBAND OR WIFE Bessie Goodhart.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs Bessie Goodhart, Perry, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 18 days
DUE TO (b) Arteriosclerotic vascular disease		
DUE TO (c) severe gout		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) severe gout		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:30 Month 2 Day 13 Year 63			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Hannibal, Missouri.	COUNTY Ralls. STATE Mo
21. I attended the deceased from 1-26-63 to 2-13-63 and last saw him alive on 2-13-63 Death occurred at 6:30 P. 6 m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Robert J. Lanning M.D.	22b. ADDRESS Hannibal, Missouri.	22c. DATE SIGNED 2-16-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-16-1963	23c. NAME OF CEMETERY OR CREMATORY Wolf Cemetery.	23d. LOCATION (City, town, or county) Perry, Mo.
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24. FUNERAL DIRECTOR Clyde A. [Signature]	25. DATE RECD. BY LOCAL REG. Feb. 25, 1963	26. REGISTRAR'S SIGNATURE Dr. E. M. [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0648
2 0870
3 2
4 0
5 1
6
7 1
8 1
9 4201
10
11
12 2-0
13 1-0

8-25
0081 & RAN CEBLIT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde L. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 9/25/63